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AUTHOR Hoeppner, Marie
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ABSTRACT

Current research on adolescent fertility indicates that illegitimacy is becoming concentrated in the teenage and even preteen years. Increasing sexual activity, lack of contraceptive information and techniques, and a desired pregnancy are possible explanations. Some of the problems faced by adolescent mothers include more complicated pregnancies, higher maternal mortality, interruption of both education and socialization processes and inability to cope with stressful situations. Because early adolescent childbearing foreshadows far-reaching social consequences three options are considered: (1) education programs to increase communication between parents and children; (2) more organized sex education and contraceptive programs, and (3) more information on adoption possibilities available to pregnant adolescents. (BN)

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EARLY ADOLESCENT CHILDBEARING: SOME FURTHER NOTES

Marie Hoeppner

February 1978

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SUMMARY

Current research findings on adolescent fertility indicate that illegitimacy is becoming concentrated in the teenage years. Increasing sexual activity of American teenagers, the lack of contraceptive information and techniques available to them, and desired pregnancy are among possible explanations.

Adolescent mothers face numerous problems. Often undereducated, they are less employable than older women. Their pregnancies are more complicated -- many cannot bring them to full term because of their youth -- and they have a higher rate of maternal mortality. Further, the birth of a child interrupts their normal socialization processes, and they cannot share experiences with their peers. The teenage mother's inability to cope in stressful situations is reflected by a higher rate of child abuse and suicide.

Illegitimate children face poorer health opportunities and social adjustment than legitimate children. They have higher mortality rates and lower weights at birth than legitimate children. These children also display considerable behavioral problems.

Supporting unwed mothers and children demands considerable social outlay. The majority of teenage mothers receive Aid to Families with Dependent Children; welfare costs can be expected to grow as more and more adolescents bear children.

Teenagers are sexually active younger now than in the past. Young children are the least likely to be aware of pregnancy risks. In fact, most young teenagers are misinformed about ways to prevent pregnancy and experience more difficulty in obtaining contraceptive information and devices than older teenagers.

More adolescent mothers reject adoption, abortion, or marriage as options to unwed motherhood and keep their babies.

Because early adolescent childbearing foreshadows far-reaching social consequences, three policy options are considered:

1) Education programs which might increase communication between parents and children. Parent education programs and television family specials are suggested.
2) More organized sex education programs and contraceptive services to teenagers. These services should be extended to the youngest teenagers.
3) More information on adoption should be made available to pregnant adolescents, particularly because of the excess demand in the adoption markets. Because teenagers rarely understand the full consequences of keeping their children, knowledge of the advantages of adoption might influence their decisions.

EARLY ADOLESCENT CHILDBEARING:

SOME SOCIAL IMPLICATIONS

Marie Hoeppner
The Rand Corporation, Santa Monica, California

I. INTRODUCTION

A large number of adolescents -- very young adolescents, in many cases -- now become pregnant out of wedlock. Fewer teenagers choose to legitimize their babies by marriage, give their child up for adoption, or to abort the pregnancy, than did so a few years ago. Consequently, the number of immature parents with inadequate economic and emotional resources has increased.

The downward trend of birth rates since the late 1950s does not include a drop in illegitimate births. Out of wedlock birth rates have, in fact, increased. Significantly, these births are not occurring so much to older teenagers -- those 16 to 19 -- who would be at least marginally equipped to cope with the responsibilities of child-rearing, but to the very young, the 14- and 15-year-olds. Even preteens have joined the ranks of unwed mothers.

The National Alliance Concerned with School-Age Parents reported in March of 1977 that the largest increase in pregnancy rates was for white 9- to 15-year-olds -- a 50 percent increase from 1968 to 1973. Black and

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Hispanic girls of the same age increased their fertility for the same time period by 13.1 percent. While this sharp rise in white teenage fertility may be attributed to the presence of a prior low rate, the short time in which it occurred may reflect a trend.

Whether this increase in early adolescent childbearing will endure is not yet clear. If it does, the growing number of young unwed mothers will impose long-term costs on society.

This paper examines changing trends in legitimate and illegitimate fertility among adolescents, and discusses the consequences of adolescent childbearing for the mother, child, and society. Possible causes of increased births to teenagers are explored. Finally, because society will ultimately bear the responsibility for unwed mothers and their children, some policy implications are considered.

II. CHANGING TRENDS IN FERTILITY

FERTILITY PATTERNS

Overall fertility declined by more than a third between 1960 and 1974; this decline represented more of a drop for older women than for teenagers. As reported by Baldwin (1976), birth rates fell by 54 percent during this period, for women aged 20-24 and 43 percent for women aged 25-29. They declined least of all for women aged 15 to 19, falling by 40 percent from 1957 to 1974 (from 97.3 to 58.7 percent).

Both legitimate and illegitimate teenage birth rates remain higher for blacks than whites. Since 1970, however, white birth rates for 16-year-olds remained stable, while blacks declined by 10 percent. Figure 1 illustrates that between 1970 and 1974, black birth rates for the very young fell, while white birth rates rose.

ILLEGITIMATE BIRTH RATES

Even though legitimate birth rates dropped, illegitimate birth rates rose in recent years. Figure 2 indicates that for all other age populations, the illegitimacy rate declined; but illegitimate birth rates between 1960 and 1974 rose by 52 percent for women aged 15 to 19. In 1974, 85 percent of births to 15-year-olds were out of wedlock, compared to 23 percent of births to 19-year-olds.

Out of wedlock births to teenagers more than doubled from 92,000 in 1960 to 221,000 in 1974. Ten thousand were to women under 15. Teenage

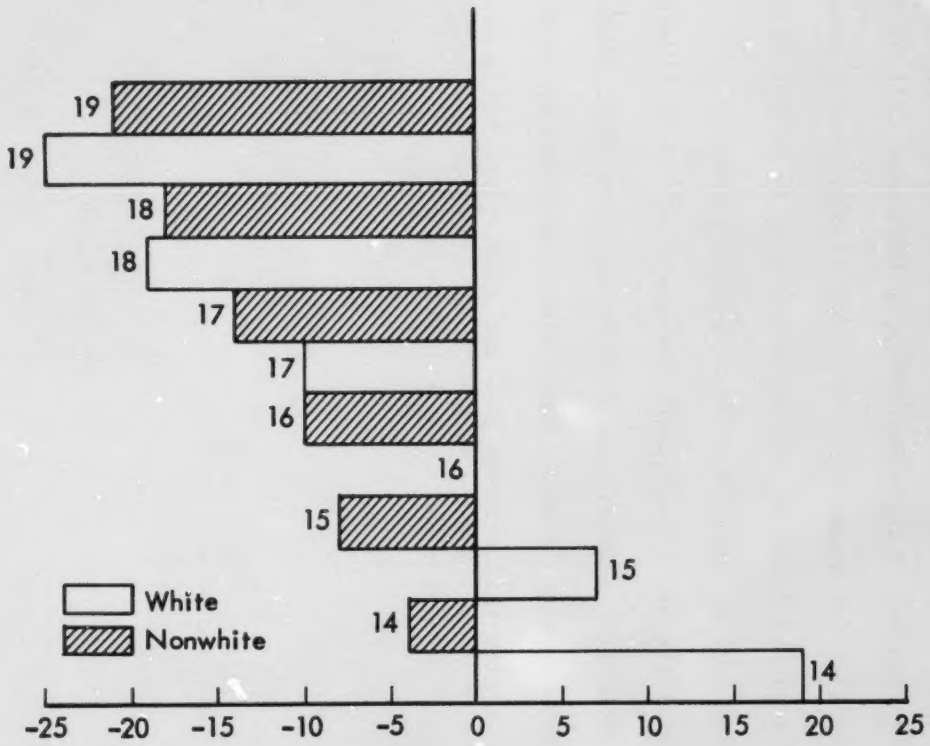

Fig. 1— Percentage change in teenage birth rates by race and single year of age between 1970 and 1974

SOURCE: (Baldwin, 1976:8)

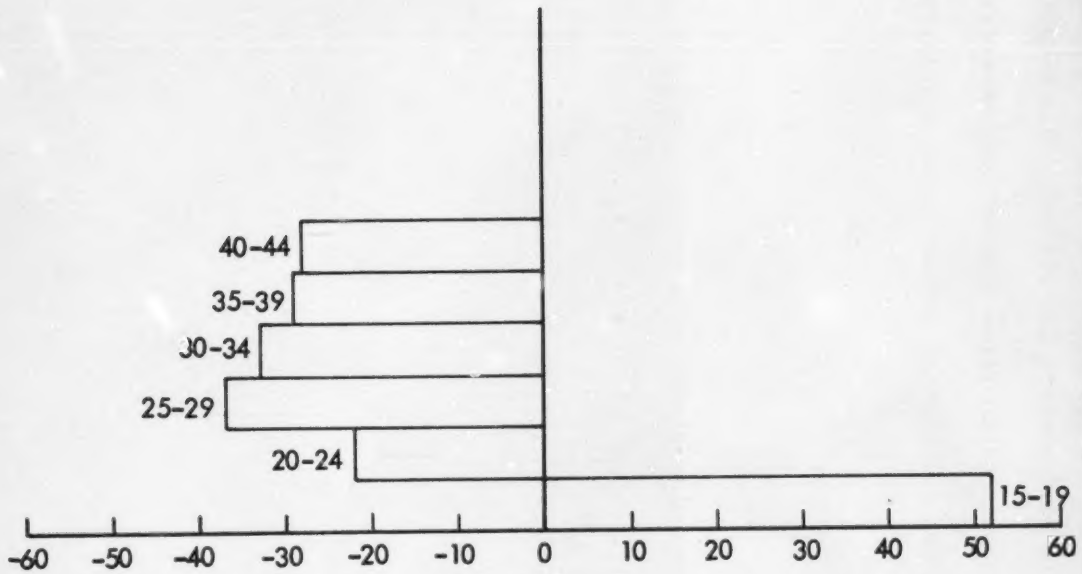

Fig. 2 — Percentage change in illegitimate births per 1000 unmarried women by age group between 1960 and 1974

SOURCE: (Baldwin, 1976:8)

mothers accounted for over half (53 percent) of the 1974 total of illegitimate births.

Illegitimate birth rates for both black and white teenagers increased between 1960 and 1974 (from 76.5 to 88.8 percent for blacks, and from 6.6 to 11.1 percent for whites). Blacks maintained consistently higher illegitimate birth rates than whites; however, young teenagers of both races had the highest proportion of illegitimate births.[1]

III. CONSEQUENCES OF EARLY CHILDBEARING

COSTS TO THE MOTHER

Society prefers a two-parent family. Married families have more money and more emotional support systems than those raised by a mother alone. A single adult parent must battle the responsibilities of home, family and job. To expect a teenager to cope with the same situation is unrealistic. The undereducated teenage mother lacks financial resources and is often unemployed. She lives with the stigma of unwed motherhood, and her child with the mark of illegitimacy.

Pregnancy complications such as toxemia, pre-eclampsia, and prolonged labor occur more often among teenagers than older women. Although adolescent diet or poor prenatal care may exacerbate these conditions, very often they occur because the mother is so young. Adolescent mothers face a greater risk of dying than do women in their twenties. The maternal mortality rate for 15-19-year-old mothers is 13 percent higher than for mothers between 25 and 40, and 60 percent higher for mothers under 15, according to National Center for Health Statistics Mortality Reports (1977).

Most unmarried teenage mothers lack education because they drop out of school and forfeit the opportunity to develop skills. Consequently, they cannot compete effectively in the labor market. Some of the deficit may be made up later in life, but age will affect educational chances. A girl of 15 is less likely to take full care of her baby than an older girl and will live at home with her parents. She may return to school,

but a 17-year-old who assumes the full maternal role may forego her education. If the girl cannot live at home, opportunities to work are constrained by lack of child care facilities. Many young mothers receive Aid to Families with Dependent Children (AFDC), but these funds are usually just enough to make ends meet. Often, young welfare mothers pool their checks and move in together.

Many girls feel emotionally dislocated. They can't enjoy the usual social activities with their peers, and are too young to relate to older divorcees. Their low self-esteem can be passed on to the child. Because despair and alienation haunt them, young parents expect emotional support from the child. If they are disappointed, the child's behavior seems a personal rejection, and they vent their frustration on the child. Westoff (1976) suggests that young unmarried mothers represent a disproportionately high number of child abusers in the United States.

COSTS TO THE CHILD

Children of young unwed mothers have a low median birth weight (5.5 pounds or less) which can contribute to cerebral palsy, epilepsy, and mental retardation. Mothers under 15 have the highest percentage of low-weight babies, black mothers more than whites. Figure 3 describes the probability distribution of low-weight births by age of mother and race.

COSTS TO SOCIETY

Society must supplement the lives of teenage mothers and their children. In 1976, 123,000 teenage girls received Aid to Families with Dependent

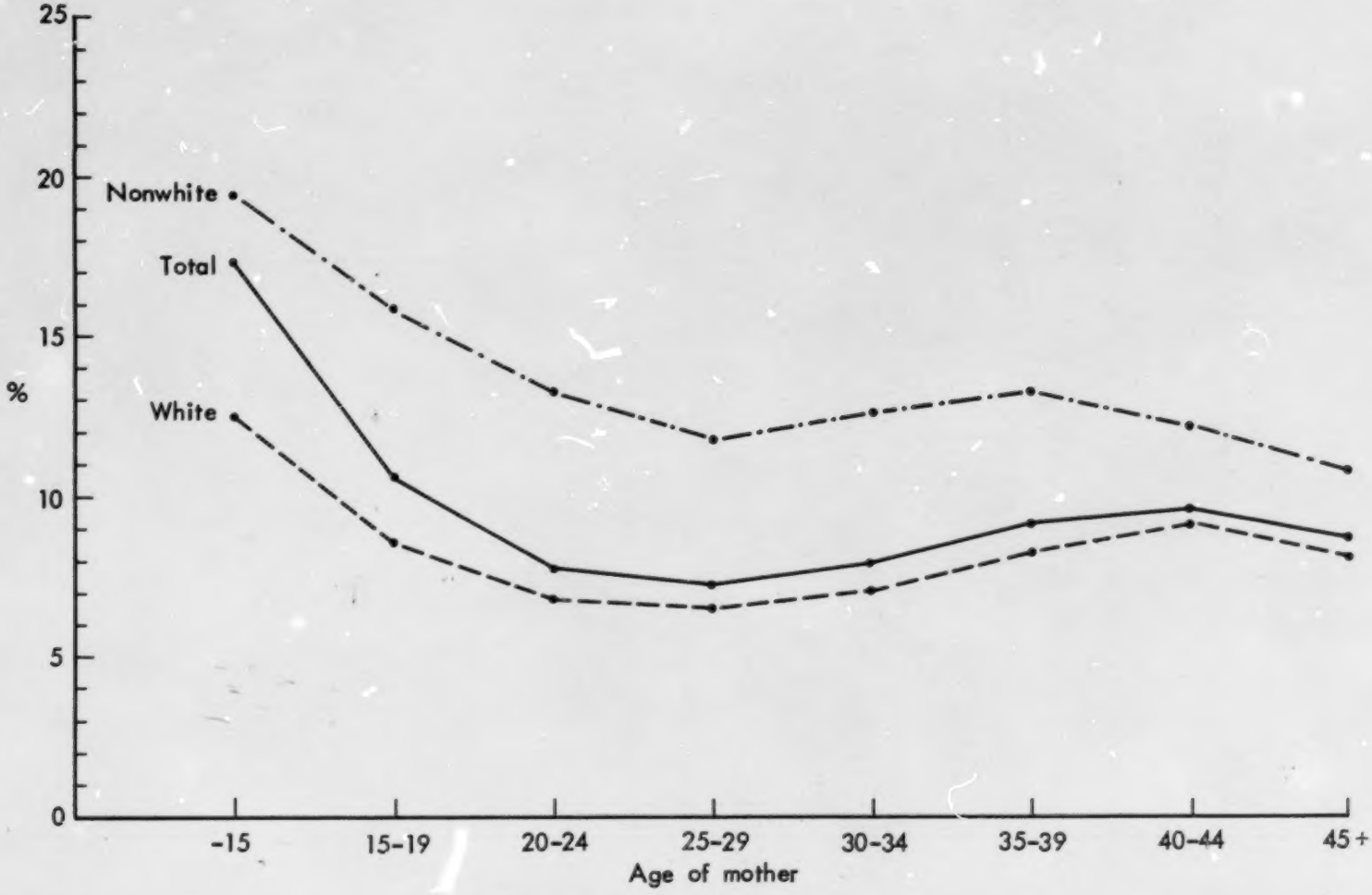

Fig. 3—Percentage of low-weight infants by age of mother and race: United States, January to March 1967

SOURCE: (Baldwin, 1976:24)

Children (Baldwin, 1976), at a cost of 209 million dollars -- 2.4 percent of total AFDC expenditures that year.[2] AFDC constitutes only one cost--shelter, medical care, food stamps, and social services make up the rest.

In New York City (an urban center that adequately reflects the welfare costs of illegitimacy), the average monthly cost in 1974 for a two-person family broke down as follows: $2,484 in AFDC, $310 in food stamps, $1,202 in Medicaid, $84 in social services (Lyon, et al., 1976). Total annual expenditure: $4,080--13 percent higher than the 1975 federal poverty line figure of $3,530 for a female-headed family of two (U.S. Bureau of the Census, 1977:199). If 123,000 teenage mothers in the nation received that amount in one year, the total cost would equal roughly 500 million dollars.

Because they rarely possess private funds or health insurance, teenagers usually require financial aid for pregnancy and delivery. A 1972 National Natality Survey reported that, in 1967, 50 percent of white illegitimate births and 76 percent of black illegitimate births were paid for with public funds. According to current Blue Shield and Blue Cross benefit schedules, the average cost for Medi-Cal coverage for total obstetrical care and hospital delivery in California is approximately $450. for one birth.

Many teenage parents have little or no work experience; those who have worked are usually older. As cited in Guttmacher (1976) a study of

New York mothers found that 91 percent of women who first had babies at ages 15-17 had neither full- nor part-time employment. Those who gave birth at 18 and 19 were also slightly more likely to be unemployed than older mothers. Seventy-two percent of 15-17-year-old mothers were on welfare; the comparable figure for 18-19-year-old mothers was 41 percent.

By allowing young women to return to school and helping them find a job, public assistance can discourage subsequent births. On the other hand, the ease of obtaining welfare when unmarried could encourage them to have more illegitimate babies. A study by Janowitz (1966) suggests that the welfare system positively affects the illegitimate birth rate, particularly among younger women.

IV. CAUSES OF ADOLESCENT PREGNANCY

Some current explanations of increasing adolescent pregnancy are: earlier sexual activity, insufficient reproductive knowledge, lack of access to contraceptives, nonuse of contraceptives, and deliberate pregnancy.

SEXUAL ACTIVITY

Two studies of adolescent sexual behavior and contraceptive use were conducted by Melvin Zelnick and John Kantner of the Johns Hopkins University in 1972 and 1976. Both studies were representative of a national sample of sexually active 15- to 19-year-old girls.

The first study (Zelnick and Kantner, 1972) revealed moderate sexuality, misinformation about pregnancy risk, considerable unprotected intercourse, and unwanted pregnancy. A relatively small proportion of both races had intercourse by the age of 15 (32 percent black and 11 percent white). In over 50 percent of the respondents, sexual activity began--and increased most sharply--between 15 and 16.

Usually intercourse involved only one regular partner. For both races, however, an inverse relationship occurred between age and proportion having only one regular partner. For those under 17, the modal frequency of intercourse was zero. After 17, it rose to one to two times a month, and after 18, a general increase occurred.

A related study of illegitimacy in three Michigan communities from 1970 to 1973 (Vener and Stewart, 1974) showed that sexual activity among 14- and 15-year-olds increased significantly. Frequency of coitus and heavy petting rose for both ages, and there was more coitus with different partners among the 15-year-olds.

Zelnick and Kantner (1977) found that sexual activity increased significantly by 1976--the total number of girls who had experienced intercourse rose by 30 percent. Girls 19 years old showed an 18 percent increase; 18-year-olds, 23 percent; 17-year-olds, 54 percent; 16-year-olds, 20 percent; and 15-year-olds, 30 percent. No improvement in correct knowledge about pregnancy was noted in the later study; however, contraceptive use did increase.

KNOWLEDGE OF PREGNANCY RISK

Misinformation is not surprising, considering that most teenagers receive sex education first from peers, and second from parents, educators, and health professionals (Zelnick and Kantner, 1972; Reicheldt and Werley, 1975). As a consequence, many teenagers are not familiar with their body's reproductive mechanisms, and do not know how to avoid getting pregnant. For example, some girls think that the middle of the menstrual cycle--midpoint between periods--is safe; others believe they can't get pregnant at all, or that having intercourse infrequently lowers the risk, an observation that is quite correct only if proper timing is observed.

CONTRACEPTIVE USE

Although older teenagers use contraceptives more than younger ones, most take chances. The number of Zelnick and Kantner respondents in 1972 who answered "never" and "sometimes" when asked how often they used contraceptives far exceeded those who said "always." The researchers also noted that most teenagers experienced sexual intercourse long before they obtained contraceptive devices.

Teenagers find obtaining contraceptives a difficult task. A nationwide survey by Shah, et al., in 1972 revealed that three out of ten teenagers had problems getting contraceptives--they did not know where to go for them, or thought they would be too expensive.

In many states it is illegal for minors to purchase contraceptives, and physicians must obtain parental consent before they can prescribe them. As reported by Paul, Pupel, and Wechsler (1976), 26 states and the District of Columbia currently allow teenagers under 18 to obtain contraceptives. In other states, the mature minor doctrine enables minors who understand the nature and consequences of contraceptive treatment to give informed consent. They are then considered legally competent to use contraceptives.

DESIRED PREGNANCY

Some young girls want to have babies. Pregnancy can represent an answer to a life problem--expression of a hostile parent relationship, compensation for father absence, a search for love while denying sexual

aspects. It can symbolize self-worth, femininity and independence, or function as a bargaining chip for attention from a boyfriend or parent. It certainly is a reason for dropping out of school or quitting a job. Often, many girls just want something to love and care for.

V. INCREASE IN TEENAGE PARENTS

Keeping their babies appears to be an emerging trend for unwed mothers. Formerly, most pregnant teenagers would end the pregnancy by an abortion or complete it and relinquish the baby for adoption. Now the majority of pregnant teenagers complete their pregnancies and keep their babies. In the past, more black teenage mothers kept their babies than whites. This trend reversed in recent years, causing a shortage of white babies in the adoption market. As cited in Westoff (1976), 65 percent of all white illegitimate babies were available for adoption in 1966; in 1971, Zelnick and Kantner estimated that the comparable figure was 18 percent.

Why fewer children are available for adoption despite the increasing excess demand in the adoption markets is an intriguing question. The legalization of abortion may have reduced the number of children available for adoption. Sklar and Berkov (1974) reported that the illegitimate birth rate for the fifteen states that had liberalized abortion laws by 1970 dropped sharply from 1970 to 1971. Both abortion and nonabortion states showed a decline in illegitimacy for that period, but the decline in the abortion states was by 12 percent, or six times the decline of two percent of the nonabortion states.

Figure 4 illustrates the falling illegitimate birth rate among 15- to 19-year-old girls of both races between 1970 and 1971 in both abortion and nonabortion states. The abortion states show a drop in illegitimate birth rates which was considerably sharper for white girls than for black girls.

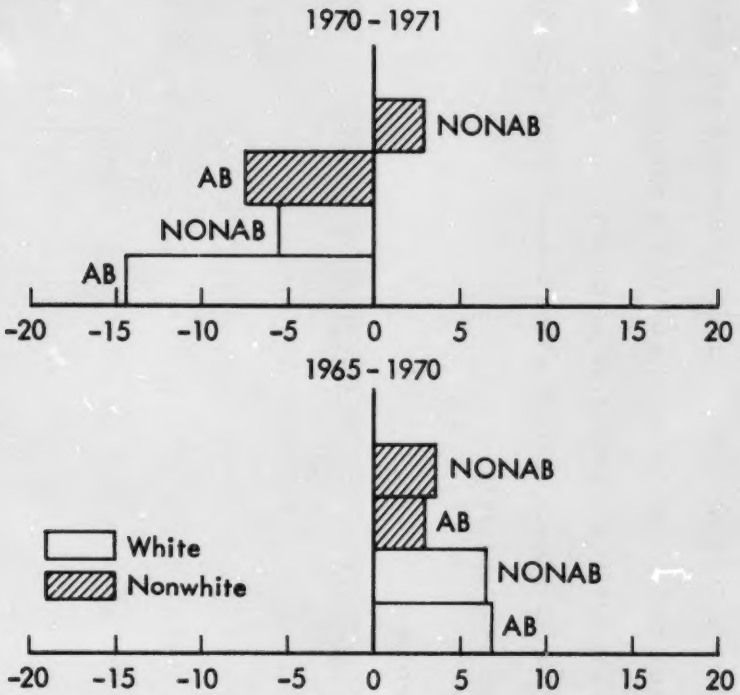

Fig. 4 — Percentage change in illegitimate births per 1000 unmarried women age 15–19 in abortion and nonabortion states by race, 1965 - 1970; 1970 - 1971

SOURCE: (Sklar and Berkov, 1974:911)

Sklar and Berkov (1974) argue that had legalized abortion not been available, an additional 39,000 illegitimate babies would have been born in 1971--almost one-tenth of all children born out of wedlock in that year. At least some of these babies would have been put up for adoption.

After 1971, the decline in adoptions continued, especially after a 1973 Wade vs. Roe Supreme Court decision (Supreme Court Reporter, 1973: 705), declared that no state could prohibit a woman from obtaining an abortion in the first six months of pregnancy. As shown in Figure 5, a sharp decline in adoptions took place between 1971 and 1972, and again between 1973 and 1974.

CULTURAL FACTORS

Our changing social milieu also influences girls to keep their babies. The negative sanction toward unwed motherhood disappeared when couples began to live together without being married. Peers positively reinforce the young woman who keeps her baby, and consider adoption less desirable. Welfare programs provide financial assistance, and communal life seems suitable, if not ideal, to girls in this situation. Furthermore, the large number of divorced single mothers gives adolescents convenient role models. All in all, many cultural factors impel girls to keep their babies.

What are the characteristics of teenagers who keep their babies? Several studies conclude that major determinants of the decision to

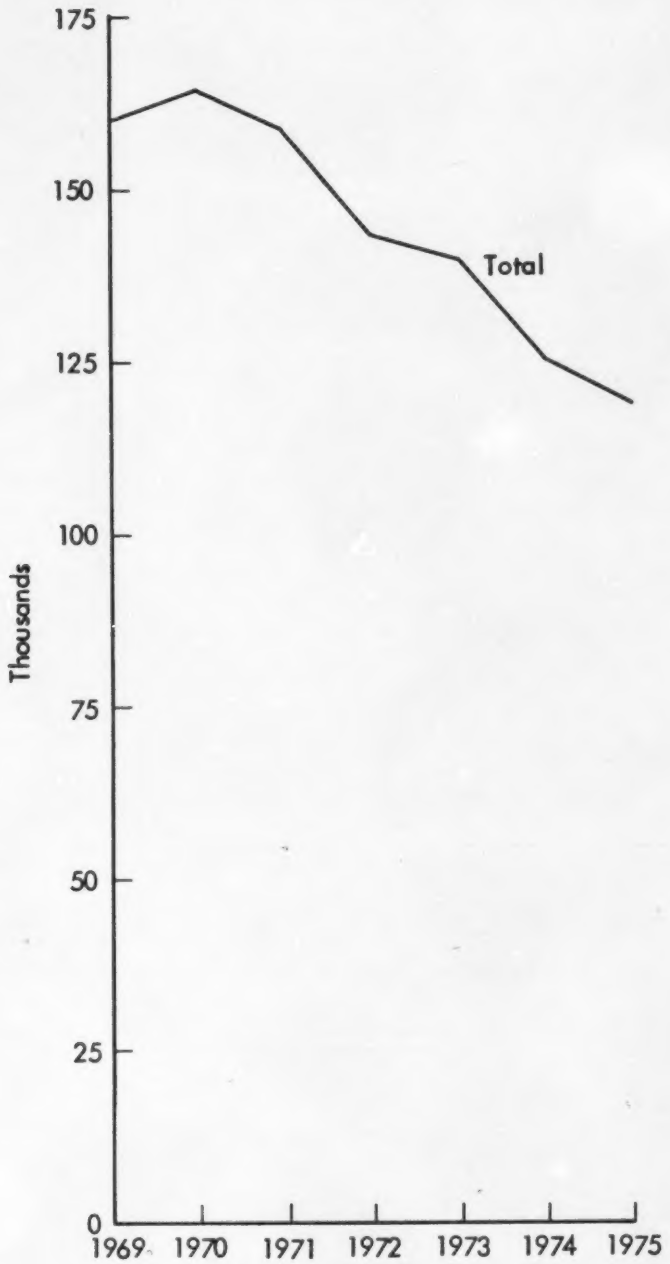

Fig. 5— Children adopted in the U. S.: 1969 - 1975

SOURCE: (National Center for Social Statistics, 1969-1975).

mother are low socioeconomic status, little education, and religion (Catholic or Protestant Fundamental). But studies disagree on the importance of these factors.

Meyer (1956) reported that religion, education (less than college), putative father being married, and age (18 or over) were predictors of the decision with 83 percent accuracy. A later replication study by Meyer, Borgarta, and Fanshel (1959) noted, however, that religion was the only strongly associated factor. Vincent (1960) stated that girls who kept their babies were older, less educated, came from low socioeconomic families, and worked in semi- or unskilled occupations. Many came from broken homes with troubled family relationships.

An extensive study by Grow (1966) of 2,606 girls in 12 maternity hospitals further demonstrated that most had less than a high school education and came from lower income families. These findings, however, did not establish a relationship between age or religion on the decision to keep the child. Festinger (1971) found that women who kept their children tended to be older (around 20), were not likely to be students, had a fairly high level of education (one-third had some college), and had established their own homes. In accordance with Vincent (1960) and Grow (1966) this study also disclosed that these girls often came from homes broken by divorce or separation.

Kane (1973) reaffirmed that pregnant girls who decided to keep their babies lived in blue-collar households, had limited educations, and lost a parent before 18. Butts (1974) concurred with findings of low socioeconomic status, low education, and high church attendance,

but in contrast to earlier studies, reported age to be under 18. Swiger (1976) also determined religion to be a key variable in the decision to keep a child.

It seems, then, that the "average" teenage mother is uneducated, quite young, and comes from a low socioeconomic background, often from a broken home.

VI. SOME POSSIBLE SOLUTIONS

During the course of researching and writing this paper, I became involved in the story that unfolded: statistics showing large and growing numbers of young pregnant teenagers; children becoming parents before they had a chance to grow up.

I wondered what would be the best way to prevent early and unwanted pregnancies to teenagers. Providing sex education and contraceptive services would help. But whose job is that? As long as I can remember, there has been a running battle between schools and families on this subject: schools not wanting to invade the privacy of homes, and families not wanting to teach something that would be taught in school.

Could such a simple explanation--that parents expect the school system to teach their children about sexuality and pregnancy--really keep them from talking to children themselves? I think not.

I think parents are nervous and shy about the subject, perhaps wanting to hide their own knowledge of sex (or lack of knowledge) from their children. Perhaps many just don't know how to get started. Or they haven't really decided how they feel about their child having sexual feelings, or sexual intercourse. Or they are not sure how they feel about children using birth control devices--they may worry about side effects. Many may worry about what their friends will think.

There are probably many reasons. What is important is that parents and teenagers do not communicate about the relationship between sexual activity and pregnancy.

Today, I would like to sketch out some ideas that might improve that communication process.

Consider a *parent* education program that would:

1) Advise parents when and how to tell children about sex.
2) Discuss the moral values of sexual activity, bearing in mind the decision-making ability of the teenager.
3) Inform parents about different types of birth control methods that exist, and describe their dependability and side effects.
4) Develop workshops run by parents and teenagers.

If parents are as reticent about discussing sex with their children as the research findings report, it may be difficult to reach them, and the program sponsor must be credible, and accepted in the community. There are several agencies that fit this description: schools, Parent Teacher Associations, the Young Women's Christian Associations, health departments, church groups, and family planning agencies. Many of these could combine their expertise to produce an acceptable and effective program.

Second, more people need to know about this problem and its consequences for teenagers, their children, and society. Television has begun publicizing teenage pregnancy and parenthood, but more could be done.

Channel 28 has aired "Guess Who's Pregnant" on two occasions, both during prime time. Most networks have given news segment coverage to the increasing numbers of teenage pregnancies. To date, there has been no special

show devoted to a family interaction and discussion of sex and birth control.

While censorship does present an obstacle to TV networks, I submit that a half-hour special showing a family discussing sexuality and contraception would provide a model for families who may not know how to go about communicating, and be an effective awareness and information-raising vehicle. The program would benefit from some background statistics on teenage pregnancy, such as we have seen in this paper, as well as from the appearance of a medical expert who would contribute his or her knowledge and advice. Combined with an "average" family engaged in a nonthreatening discussion, such a program could effectively depict a current social problem and offer solutions at the same time.

Finally, for those teenagers who are already pregnant, programs emphasizing the demand for babies in the adoption markets might be made available. Because adolescents rarely realize the full implications of raising a child, they might be more willing to put a child up for adoption if some of the advantages to the child were pointed out to them.

NOTES

1. According to 1970 Bureau of Census reports, blacks represent 89 percent of the nonwhite population. Therefore, the nonwhite populations represented in the figures may be assumed to be largely black.

2. In Findings of the 1973 AFDC Study, the Department of Health, Education, and Welfare reported that the average monthly AFDC payment for a one-adult and one-child family was $141.72 per month (Table 5-9:82). That annual expenditure represented 2.4 percent of the total 1975 AFDC costs as reported in the Social Security Bulletin (1975) 38, 12 (December), Table M-32:51.

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